

**CITY OF LAS VEGAS
APPLICANT DATA CHANGE FORM**

INSTRUCTIONS: Please complete this form if your name, address or telephone number has changed since submitting your employment application to the city of Las Vegas. Please include the specific positions for which you have applied. This form can be mailed (address provided below) or faxed to (702)385-1259. If you have any questions, please contact Human Resources at (702)229-6315.

Department of Human Resources

ATTN: Nancy Stiles

400 Stewart Avenue

Las Vegas, NV 89101

ALL INFORMATION MUST BE CLEARLY PRINTED OR TYPED

NAME	
SOCIAL SECURITY NUMBER	
EFFECTIVE DATE OF CHANGE	
POSITION(S) APPLIED FOR	
NAME CHANGE	
PREVIOUS NAME	
NEW NAME	
CHANGE OF ADDRESS	
NEW STREET ADDRESS	
CITY, STATE, ZIP	
CHANGE OF TELEPHONE NUMBER	
NEW HOME TELEPHONE	
NEW CELLULAR/MSG. TELEPHONE	
CANDIDATE SIGNATURE	

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES (DATE AND INITIAL)	
SIGMA	
Application	

